

ISSUE SLIP STAPLE AREA (for additional claim references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ST</i>		
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>45</i>	<i>5/14/98</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>09307</i>	

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	6/20/98
2	6/23/98
3	6/23/98
4	6/23/98
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49	6/23/98
50	6/23/98

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy